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ABSTRACT

The Parent-Infant Care Center, a component of the School Based Youth Services program, was designed to enable parenting students who needed child care support to continue attending school. This practicum project devised an intervention at the Center to address teen parents' lack of knowledge, experience, and skills needed to appropriately care for their infants. It was assumed that increased resource knowledge, enhanced interpersonal relationships, and augmented parenting skills would make a difference in the teen mothers' approach to parenting. Bi-weekly peer support groups were established to accomplish these goals. The group sessions were specifically designed to address issues related to parenting, employability, life management skills, and child development. The child development component introduced specific prevention and wellness promotion content to the teen mothers. Additionally, individual counseling was used to develop a trusting relationship to build a support system for each teen mother which reinforced the issues discussed in the groups. Data from several evaluation instruments gathered at the beginning and end of the 3-month implementation period indicated that: (1) there was an increase in the teen mothers' knowledge about community resources; (2) the teen mothers felt more supported by significant adults; (3) teen mothers developed a sensitivity to the development of their babies; and (4) the physical well-being of the infants improved, as reflected in the increase in "wellness" appointments and completion of immunizations. Contains 24 references. (HTH)

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Improving the Parenting Skills of Teenage Mothers in a School Based Child Care Center

by

Gail Reynolds
Cluster 65

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A Practicum I Report Presented to the
Ed.D. Program in Child and Youth Studies
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for the Degree of Doctor of Education

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

Verifier:

Mr. Fred Brown, Principal

1125 Livingston Avenue
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August 23, 1995
Date

This practicum report was submitted by Gail Reynolds under the direction of the advisor listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

12-5-95
Date of Final Approval of Report

Roberta Silfen
Roberta Silfen, Ed.D

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Abstract

Improving the Parenting Skills of Teenage Mothers in a School Based Child Care Center.
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This practicum was concerned with the efficacy of comprehensive interventions for teen mothers in a school based program. It assumed that increased resource knowledge, enhanced interpersonal relationships, and augmented parenting skills would make a difference in the teen mother's approach to parenting. Bi-weekly peer support groups were established to accomplish these goals.

The group sessions were specifically designed to address issues on parenting, employability, life management skills, and child development. The child development component introduced specific prevention and wellness promotion content to the teen mothers. Additionally, individual counseling was used to develop a trusting relationship to build a support system for each teen mother which reinforced the issues discussed in the groups.

The practicum represented a cooperative and collaborative relationship between school and other human service agencies. The experience provided an exchange of ideas, knowledge, and resources that supported the growth and development of the teen mothers in the program.

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Chapter I

Introduction

Description of Community

The community where the practicum was implemented was a small urban city in the central part of the eastern United States. Encompassing only 5.6 square miles, it had a population of approximately 43,000 residents and it was the second most densely populated municipality in the county. It was the county seat and had a rich history dating back fifty years before its charter of 1730.

At one time this city was referred to as the "most Hungarian city" in the United States because proportionally it had more Hungarians than any other American city. As late as 1980, the census figures showed that Hungarian residents represented the largest single ethnic group in the city. African-Americans were known to live in this city for at least three hundred years. Census reports dating back to 1790 noted 53 free blacks and 164 slaves and indicated they represented one twelfth of the county population. In 1948, the first Hispanic family moved into the city. Hispanic residents were the newest ethnic group in the community and were the fastest growing segment of the population with a 65.1 percent increase from 1980 to 1990. According to the 1990 report by U S Bureau of Census, the ethnic breakdown in the city was 49.4% Caucasian, 27.3% African American, 19.3% Hispanic, and 4% Asian.

There was one public high school with a student population of approximately 730, and one private high school which enrolled 150 students. An influx of Latino students in the public high school were identified from fourteen different Caribbean, Central and South American countries, and Mexico.

Many were illegal immigrants who have arrived without immunization or health care records. Approximately one third of the Latino students did not speak English. The 1993-94 school year marked the first time the Latino population was in the majority in the public high school (48% Hispanic, 47% African-American, 2.5% Asian, and 2.5% Caucasian).

The tercentennial celebration of the city in 1980 marked the beginning of revitalization efforts between the local government and a major pharmaceutical corporation. This revitalization effort was due in part to the decision by the pharmaceutical corporation to maintain its international headquarters in the city. The decision secured the financial backing needed to create a redevelopment agency. As a result there were striking changes in the structural appearance of the city. Additionally, the State University located in the city contributed to the building of new facilities. There were also several new condominiums built in the community. Consequently, there was ongoing redevelopment for twenty years.

During that period of time, there were rapid changes in the neighborhoods which required a multiplicity of systemic response. The redevelopment agency attempted to address these changes by organizing its human development services around the life stages. The task forces of the agency include Infancy and Childhood, Youth/Teen, Adult/Family, and Senior. There were also two standing committees that addressed education and health issues. The redevelopment agency adopted the following credo: "The revitalization of a community is a dynamic, ongoing, ever-changing process. As one need is fulfilled or a problem solved, others arise...and the work must go on."

Writer's Work Setting and Role

The writer was the Director of the School Based Youth Services Program (SBYSP) located in the city. This program provided health, mental health, substance abuse prevention, teen parenting, and employment services as well as social and recreational activities for children enrolled in the public schools. There were thirty programs in the state that provided similar services to middle and high school students. Each of these programs emphasized the services that best suited the local needs. In the SBYSP that the writer directed mental health, including substance abuse prevention, teen parenting and social/recreational programming were the most developed services. It was also the largest in the state as it provided comprehensive services to children pre-kindergarten through high school. It was begun in 1988 in the high school and expanded into the elementary schools in 1991. In January, 1993, an on-site Parent Infant Care Center (The Center) was added to the high school component of SBYSP.

There were twenty full and part time staff members working in the program. The staff was comprised of trained mental health clinicians, teachers, an activities coordinator, and support staff. The staff provided services in various specialty areas which included: Teen parenting; substance abuse; early childhood development; child psychology; and family therapy. They conducted individual, group, and family therapy for students and their families. In addition, they provided prevention services and health promotion activities.

The writer was responsible for the supervision of the supervisory staff in the high school, elementary and the Parent Infant Care-Center divisions. She was involved in budget preparation and the development of the collaborative relationships with other service providers in the community. The program was structured in such a way that the Director was accountable to three organizations. The Community Mental Health Center (CMHC) was the employer for the program staff and provided substantial financial support to the SBYSP. The redevelopment agency was the grantee for the state SBYSP grant of a half million dollars. The redevelopment agency subcontracted with the CMHC to provide services in the schools and it also provided funding for special projects. Unlike the other two partners, the Board of Education contribution was only "in-kind," providing only space and access to the students. Since the SBYSP was well integrated into the larger system and accepted by school personnel as an essential service, the other two partners requested the Board of Education to provide partial financial support to the SBYSP.

The writer was considered one of the school administrators and participated in many different types of school meetings. These included the Superintendent's principals and supervisors meetings, the high school administrative team meetings, guidance meetings, etc. In addition, she collaborated with several agencies and corporations to provide on-site services for students, and sat on several governing boards that affected the functioning of the SBYSP. The Director also conducted skills development groups with students and coordinated a collaborative mentoring program with a major corporation.

Chapter II

Study of the Problem

Problem Description

The problem encountered in this community was that teen parents often lacked the knowledge, experience, and skills to appropriately care for their infants. They did not appear to have sufficient knowledge about financial and emotional support services or other community resources that were available to help them care for their child.

Prior to the development of the Parent Infant Child Care Center (The Center), affordable, accessible, and consistent child care was a major problem for the teen parents. However, once this need was met, the program developers realized that the teen parents lacked the knowledge and skills to take advantage of the services that were available in the community. According to the school nurse, most of the teen parents in the high school needed to learn where, when, and how to access appropriate services for themselves and their babies. However, the focus of this practicum was confined to the needs of the teen mothers enrolled in The Center. Although there was an active teen fathers companion program offered by the School Based Youth Services Program, the teen mothers group was designed specifically for primary caregivers. Participation in the groups was a requirement for enrollment in The Center. The fathers group, by contrast, was a volunteer group for all teen fathers in the high school, who did not necessarily have a child enrolled in The Center.

This community had considerable medical resources including two major hospitals, a medical school, and two large pharmaceutical companies. Although it was considered a medical hub for the central part of the state, these resources were not readily available to many of the residents. A survey conducted by Third Power Market Development Inc. and The Eagleton Poll, Rutgers University (1993), identified several factors which inhibited access of city residents to health care providers. These included: An inability to speak English; a perception that providers were insensitive to their needs; a lack of transportation; legal problems related to their immigrant status; and serious financial constraints. Despite all of the medical resources in the city, the US Census Bureau (1990) designated eight of the ten census tracks to be "Medically Underserved Areas."

In summary, the problems encountered by teen parents in this practicum were that they lacked the knowledge and skills to access the appropriate services for themselves and their babies despite the fact that they lived in a community rich in resources. If the problems were solved, teen parents would be more responsive to the needs of their babies and be able to secure services that promoted their healthy development.

Problem Documentation

The lack of knowledge and skills to acquire the appropriate services was evidenced by the grim medical statistics in this city. The Health Department data revealed that the city had one of the highest infant mortality rates in the State. (13.8 per 1000 live births). There was also a high incidence of low birth weight.

Twenty-four (2.9%) of the 829 infants born in 1992 weighed less than 1500 grams and 75 (9.05%) were under 2500 grams, as compared to the State rate of 1.4% and 7% respectively. Low birth weight, a major factor in infant mortality, had been closely associated with poverty, minority births, adolescent pregnancy and inadequate prenatal care. While this data documented the infant problems in the city as a whole, most of the babies in The Center were representative of these statistics. Recordings for the babies enrolled in The Center noted that twelve of the mothers reported that they had no consistent doctor or health care facility for their babies. Of the fifteen babies, seven were born prematurely or with a serious medical problem. Young pregnant girls were more likely to suffer from poor nutrition, which may account for the higher incidences of toxemia, and iron deficiency anemia among them. These factors led to a higher incidence of low birth-weight babies.

The Center staff recorded the dates of immunizations for each baby, "keep well" appointments, special medical problems and the mother's attention to them. All of the mothers at different times failed to schedule or either missed the baby's check-up appointments. One of the most poignant discussions by the teen mothers centered around how inept they felt during week-ends when their baby developed a fever, rash, or a cold. They often allowed the condition to wait until Monday morning because they knew they would get help from the staff. Other times, when they attempted to access health care, they believed that they had been treated disrespectfully or the wait was very long. They believed The Center staff could expedite the process because they were listened to and respected by adults in other systems.

Additionally, ten of the teen mothers described a lack of support from their family members when they attempted to use certain resources. The grandmothers, in many cases, were not very helpful in encouraging the teen mothers to seek medical attention because many of them believed in home remedies and had not used medical facilities in the past. Consequently, the teen mothers depended on The Center staff to help them get the appropriate medical attention.

The group of teen mothers who entered The Center in September, 1994 were given the Adult-Adolescent Parenting Inventory (Bavolek, 1984) as part of their initial assessment process (Appendix C). Some of the teen mothers who completed the Inventory reflected very limited knowledge about child development as evidenced by some unrealistic expectations for their baby. For example, the purpose of discipline was seen by them as a means of punishment. They believed the appropriate response to misbehavior was spanking or speaking in a loud manner. The teen mothers related that this belief was reinforced by the grandmothers. Most of the teen mothers said that they would use the same discipline methods that had been used in their families. They indicated that rethinking the concept of discipline and changing their approach would be difficult for them to do.

Another theme that was gleaned from the Adult-Adolescent Parenting Inventory (AAPI) was that young children should comfort their parents and be there for them when they are feeling blue. This particular theme highlighted the complex adolescent developmental needs of autonomy and attachment. The path toward early motherhood begins with the initiation of sexual intimacy as a step toward gaining autonomy from parental control.

Teen mothers seek to establish their independence within a framework that balances the need for autonomy with the need for connection and attachment. In other words, mothering becomes a life-affirming choice for the teen mothers who idealize their babies as the hope for themselves. (Jacobs, 1994)

Causative Analysis

A review of the literature (Adams, Taylor and Pitman, 1989) suggested that teen mothers often did not have sufficient cognitive and psychosocial maturity or the appropriate knowledge and experience to function as adequate parents. The lack of social competency of the adolescent mother was related to her developmental stage and family context. One of the primary tasks of adolescence was the shift in role status from child to adolescent. In many cases, adolescents were catapulted into their new role status with little preparation and very vague conceptions about appropriate attitudes, behaviors, and prohibitions. For teen mothers, the profound psychosocial changes of normal adolescence were complicated by the additional task of parenting.

One of the greatest challenges during the adolescent stage of development is the cognitive development which allows the teen to move from concrete thinking to logical operations and abstract thinking. (Piaget, 1972) Cognitive growth has a great bearing on the way in which one responds to information and how one makes critical life decisions. At any age, information processing and decision making can be greatly impaired when one deals with highly emotional changes such as premature parenthood.

The development of higher level thinking skills for some mothers in The Center had also been stunted by poor academic achievement. Some had repeated a grade at least once, and others had struggled in remedial or special education classes. For many teen mothers, academic failure over the years had often decreased their self-esteem making them more vulnerable in interpersonal relationships. They were relatively awkward with others, and found it difficult to make conversation or verbally stimulate their infants. Often they did not initiate contacts with others because they assumed they would think poorly of them. As a result they frequently felt isolated and lonely.

Additionally, there were factors in the family system that led to the adolescent's wish to either escape the family or to become further enmeshed, or dependent. "The 'enmeshed' family is a tightly interlocked system. Attempts of one member to change are quickly and complementarily resisted by other family members. Immediate reactivity is the dominant characteristic of the 'enmeshed' family" (Colon, cited in Carter & McGoldrick, Eds., 1980, p. 348). This type of family process contributed to the teens mother's lack of knowledge and skills in caring for her child. The clinicians in The Center reported that the problems of the teen mother were often a symptom of the distress in her family of origin. The young grandmothers (mothers of the teen mothers) were frequently struggling with their own needs of autonomy and attachment. Seeking more fulfillment in their lives, some wanted freedom from parenting, but others needed to hold onto and control the teen parent and infant. These grandmothers experienced a great fear of loss, intense loneliness, dissatisfaction with their own lives, and feelings of being powerless but were desperate to control their families.

Consequently they were not always interested in teaching their daughters parenting skills. In many cases, the grandmothers had not acquired effective parenting skills for themselves. Although there were a few grandfathers involved in The Center, most of the contact was with the grandmothers.

Communication, roles, and affective involvement were key ingredients in understanding the relationship between the teen mother and her child. When many of the teen mothers entered The Center, they believed yelling and screaming were effective ways to communicate with their peers, their mother and their child. In other cases, the teen mothers' relationships with their own mothers had deteriorated to the point where they avoided verbal exchange. In either case, their communication patterns were ineffective.

Role confusions often limited the teen mother's ability to learn what she needed to know to adequately care for her infant. For example, the physical and emotional care-giving role needed to be established early in the development of the infant. In many cases, the adolescent mother struggled to be a mother to her infant while she continued to need parenting for herself. The grandmother, on the other hand, struggled to decide to what extent she wanted or needed to be involved in the care of her grandchild. For some grandmothers, the infant represented a chance to start all over again and finally parent successfully; for others it highlighted her advancing age and past failures.

The second issue related to role delineation was the fusing or overlapping of boundaries between the generations and thus between the roles assumed by various family members. Group discussions in The Center indicated that many teen mothers continued to need parenting by their own mothers.

Nevertheless, they had often assumed many parental duties within their family. For example, the teen mother may have been responsible for the care of her siblings. Some grandmothers encouraged such assumptions of parental responsibility by their daughters, but denied their autonomy in other areas of social development. The family history often revealed that the grandmother's failure to parent her daughter successfully was related to the lack of appropriate parenting in her own childhood. Thus the ability of the teen mother to acquire appropriate skills and to make knowledgeable decisions was impaired by a history of dysfunctional intergenerational behavior patterns. (Ripple, 1994)

Teen mothers' inability to articulate their needs was another reason that some of them had not gained the experience or skills to care for their infants. They had not personally experienced the emotional connnectedness that helped them define their emotional needs. Affective needs and affective involvement are emotional processes that encourage expression of feelings within the family. "Affective needs are those that pertain to nurturance, belonging security, warmth, affection. Affective involvement refers to the closeness or distance between family members, and ways of meeting affective needs or responding to feelings". (Cherniss, 1993, p. 13) "In healthy families, the ambiance is nurturant, and the relationships are filled with love, caring, affection and loyalty. In dysfunctional families, the attachments are intense and their vicissitudes pervade the whole life of the family" (Terkelsen cited in Carter & McGoldrick, Eds., 1980, p.26). Disengagement and enmeshment are the key concepts in defining the level of affective involvement in many of the teen mother's background.

In some enmeshed families the teen mother and her siblings had not individuated or emotionally separated from the mother. In others, the grandmother was the one who could not separate from the children, and had difficulty allowing them to get on with their lives. In contrast, there are other families where the individuals and the generations are disengaged. In these families, the parents were detached and not nurturing with their children. A family that is disengaged "appears to be in an atomistic field within which the members move in isolated orbits unrelated to each other. Their responses to each other are delayed and they appear to make no vital contact with each other. The mother is unresponsive, apathetic, overwhelmed, and depressed" (Colon, cited in Carter & McGoldrick, Eds.,1980, p. 348). The above behavior patterns all too often result in the teen mothers having poor role models and problematic relationships with their own mothers.

Often, teen motherhood became a choice with negative consequences within a social context of isolation and powerlessness. There were many issues that caused teen parents to lack knowledge, experience and skills in caring for their infants. However, the writer focused the curriculum for the groups on issues that related to family communication, inter-familial roles, and affective involvement. The Center staff responsible for teaching skills that involved interactional competency, health promotion activities, and empathy training found the task very challenging. The skill development was complicated by intergenerational issues, limited support, and the personal emotional needs of the young mothers.

Relationship of the Problem to the Literature

Changes in the American family life over the past thirty-five years are reflected in the changing status of adolescents. "In 1960, 15% of all teen births were to unmarried teens. By 1970, the proportion had doubled to 30%. By 1986, it had doubled again-61% of the births to teens were to unmarried teens" (Adams, Taylor, & Pittman, 1989, p.225). Fewer adolescents were raised in caring, supportive homes. Most children and adolescents in America were raised in either a single-parent home or in a home where both parents worked and therefore were not readily available in the after-school hours. The environment became more threatening because of the increased violence and drug abuse among adolescents. Finally, adolescents felt less connected to their parents and social support systems. According to one expert, there were two sets of social and economic changes that occurred along parallel tracts, and they intersect at the point when young people attempt to make the transition from adolescence to adulthood. He identified the tracts in the following way: "A significant increase in the level and number of skills needed for successful adulthood; and a significant decrease in the ongoing support and guidance offered to young people during their growing up years" (J. Comer, cited in Carnegie Council on Adolescent Report, 1992, p.18).

The adolescent period lasts longer and is more ambiguous than twenty years ago because more training and skills are required before moving into the workplace and adulthood. Defining the role of adolescence has become more difficult because there are so many expectations and choices.

"The young person confronts crucial, emotionally charged decisions about all spheres of functioning, that is, who to seek out and how to make friends in the larger social milieu and what to do about pressures or temptations to experiment with smoking, alcohol, drugs, or sex" (Hamburg,1986, p.127).

Experts generally agree that adolescence is difficult for most young people because of the rapid biological, and psycho-social changes that occur during this time frame. It is a time of sharpest discontinuity with the past. There is a demand for totally new sets of behaviors and new coping responses, resulting in uncertainty about attitudes, behaviors and prohibitions. As adolescents aspire to become autonomous and independent, they often tend to respond to the most conspicuous and stereotyped features of the new role. For example, adolescents seem to identify with media romantic images that portray a pleasurable uncontrollable surrender to the passion of the moment. Consequently, many do not prepare for "the moment" which can result in unintended pregnancy. The problem-proneness theory holds that:

> Personality and social environment interact to set regulatory norms for individuals defining age appropriateness of their behaviors. The likelihood of expression of problem behavior depends on the balance between instigation such as peer pressure and role models; the maturity of personal controls; and the psychosocial perceptions of the adolescent with respect to social supports, social constraint, expectations of others, particularly parents (Jessor & Jessor study as cited in Hamburg, 1986, p.119).

In Adolescents at Risk, Joy Dryfoos (1990) identified four behaviors that interfere with the healthy development of adolescents.
They included: substance use; violence; pregnancy; and academic failure. She maintained that the common antecedents for these high risk behaviors were:

Early age of initiation of the behavior; poor achievement in school and low expectations for achievement; acting out, truancy, antisocial behavior, and conduct disorders; low resistance to peer influence; lack of parental support; and living in an economically deprived neighborhood (p. 32).

The composite picture that emerges is one of low expectations and aspirations for the future. In their review of the literature, Adams, Taylor and Pittman (1989) cited Risking the Future to make their case for providing services that will give teen mothers more life options. This report strongly suggests that teens' decisions about sexual activity and use of contraception are tied closely to their aspirations and to their perceptions of the opportunities open to them.

> Teens with strong achievement orientations and with clear goals for the future are less likely to become sexually active at early ages and more likely, if sexually active, to be regular and effective contraceptive users. In contrast, teens facing limited life options-poor teens with low basic academic skills-are at most risk of early parenthood (Adams, Taylor & Pittman, 1989, p. 226).

Another prevalent causal factor is the lack of parental support. Neither disengagement nor enmeshment provide the appropriate parental support for the young mothers. It is well documented in the literature that adolescents who feel deprived of love or unaccepted by their family are more likely to become pregnant.

Jacobs (1994) noted that her research found similar patterns of behavior evident more than twenty years ago by other researchers (p.446).

> Ladner (1972) puts for the view that girls who engage in premarital sex were more inclined to be critical of parental controls and to feel that adults did not understand the needs and problems of adolescents. The fact that they engaged in premarital sex was a strong indication of defiance, because they frequently acted against parental desires.... (Ladner, cited in Jacobs, 1994, p. 446).

Chapter III

Anticipated Outcomes and Evaluation Instruments

Goals and Expectations

The goal of the writer was to enhance the parenting skills of teen mothers in the Parent Infant Care Center through instruction and relationship building. The interventions were intended to increase the knowledge of the teen mothers in the areas of child development and community resources in order to positively affect the well-being of the baby.

Expected Outcomes

The goal of this practicum would have been achieved if the following outcomes were satisfied:

1. At the end of the three month implementation period, eight of the eleven teen mothers would have reflected an increase in their knowledge about resource availability.
2. At the end of the three month implementation period, nine of the eleven mothers would have an understanding about the importance of regularly scheduled check-ups for their babies.
3. At the end of the three month implementation period, the responses by all of the teen mothers to the post-intervention survey would show evidence that they had acquired increased positive feelings about their social support system.
4. At the end of the three month implementation period, nine of the eleven teen mothers would demonstrate that they had a better understanding of the rudiments of child development.

Measurement of Outcomes

1. The evaluation instrument used to measure the increase in the mothers' knowledge about resource availability was the Resource Questionnaire (Reynolds, 1995).
2. The evaluation instrument used to assess the increase of teen mother's scheduling check ups was the log kept on each baby by The Center staff.
3. The evaluation instrument used to measure an increase in positive responses by the teen mothers about their social support system was to be a comparison of pre and post-intervention scores at the end of the three month period on the Family Support Scale (Dunst & Trivette, 1986).
4. The evaluation instruments used to measure an increase in the teen mothers' understanding of child development was a pre and post intervention comparison of the Adult-Adolescent Parenting Inventory (Bavolek, 1984).

The writer analyzed the results of the three month implementation of the practicum after collecting the data from the evaluation instruments. All of the teen mothers who enrolled in the Parent Infant Care Center program were recipients of the interventions. However, there were eleven teen mothers who were consistent participants in the groups for the duration of the practicum. The evaluation of the interventions included outcome and process components. The outcome was determined through the administration of pre-and post-testing. Each teen mother completed the Adult-Adolescent Parenting Inventory (Bavolek, 1984) at the time of their enrollment into The Center.

The Family Support Scale (FSS) and the Resource Questionnaire (RQ) were administered just prior to the implementation of the peer group intervention. The process component involved recorded observations that monitored the behavior of the teen mothers as it related to the care of their children. All available data on the teen mothers and their babies and the work done with them were studied and recorded. The purpose of this qualitative, multiple case study analysis was to identify the factors that seemed to be most strongly related to a successful intervention.

The goals of the interventions were multifaceted and required multiple measures and variables. The following is a list of some of the benefits of the interventions and the instruments that were used in evaluating each outcome:

Result or Benefit	Instrument
There was an increase in the teen mothers' knowledge about community resources.	Resource Questionnaire
The teen mothers felt more supported by significant adults.	Family Social Support Scales
Teen mothers developed a sensitivity to the development of their babies.	Adult-Adolescent cognitive Parenting Inventory
The physical well-being of the infants improved as reflected in the increase in "wellness" appointments and completion of immunizations.	Logs maintained on each baby and the health history

The first instrument, the RQ was developed by the writer. The items or questions were designed to survey the teen mothers' knowledge of the community resources and to determine the nature and types of contacts. The instrument was a simple format that required "yes or "no" answers and "fill in the blanks". Although the instrument had no past history, it was specifically designed to identify the various resources in the community.

The degree to which the teen mothers felt supported by their families of origin and their extended families or social network was assessed with the FSS, developed by Dunst, Trivette & Deal (1986). According to Cherniss (1993) "the original FSS is an 18 item self-report measure designed to assess the degree to which different sources of support were helpful to families rearing young children. Ratings were made on a five-point Likert scale ranging from 'Not at All Helpful' to 'Extremely Helpful" (p. 20). However, with the permission of the authors of the FSS, the instrument was adapted to meet the needs of the population in Cherniss' study. He believed that the teen mothers would have difficulty using the original version of the FSS. Consequently he changed the wording of individual items "to be sensitive to the life circumstances of many teen mothers" (p. 21). Also, Cherniss combined the two scales into a simple response format "to standardize and facilitate their administration" (p. 21). Since the population of the Cherniss study came from the same community and are similar in many other ways to the population in The Center, the writer used the adapted version of the FSS.

The Adult-Adolescent Parenting Inventory (AAPI) was designed by Steven J. Bavolek for the Family Development Resources, Inc. This instrument measured attitudes and beliefs about child-rearing practices, knowledge of developmental expectations, and the expectations of the mother for her child to meet some of her social-emotional needs. Bavolek (1984) identifies two ways that the AAPI may relate to the objectives of this practicum:

> 1. It is a primary prevention measure of child abuse and neglect. It will provide school personnel with useful information in recognizing students with specific learning needs in appropriate parenting and child rearing practices.
>
> 2. It assesses changes in parenting and child rearing practices after treatment. Pre and post-treatment data can provide the examiner with information regarding the attitudinal changes in parenting (p.2).

Finally, the medical histories of the infants was examined for special medical problems and a plan of action was developed to treat any problems. The Center staff maintained daily logs that recorded developmental milestones, hospitalizations, daily appointments for medical and social services, behavior of the teen mother as related to her responsibilities, etc. This anecdotal information was used to monitor the progress of the baby and the teen mother's attention to her baby's needs.

Chapter IV

Solution Strategy

Discussion and Evaluation of Solutions

This practicum was concerned with the fact that teen parents often lack knowledge, skills and the experience to appropriately care for their infants. However, it was important that these young mothers gained the knowledge and learned the parenting skills as they completed their education. Teen mothers who decided that their education would not be disrupted by childbirth and parenting were more likely to be self-supporting as they grew older. Research on teen motherhood revealed a documented relationship between lower social and economic attainment, prolonged welfare dependence, and marital instability. Children of adolescent parents were at greater risk for poorer health outcomes, reduced cognitive development, and poorer school performance which often included problem behavior. (Nord, Moore, Morrison, et al, 1992, p. 315). The review of the literature enabled the writer to design interventions by examining various approaches and models that supported the skill deficits and positive growth of these teen mothers.

Many efforts had been made to develop intervention programs for teen mothers and their children. Hofferth (1991) found that programs which focused on teen pregnancy and premature parenthood fell into two general categories: those which attempted to prevent pregnancy; and those which tried to ameliorate the negative consequences among those who had become parents.

She reviewed the evaluations of a small number of programs for pregnant and parenting teens and found that ameliorative type programs achieved short-term positive gains in the health of mothers and their children, and in knowledge of child development (p.3). Some of these programs provided services that were aimed at meeting specific needs such as "well-baby" care, family planning, or child care. Others were more comprehensive, both in services offered and the objectives of the program.

These types of programs typically sought to foster academic achievement, promote good health, enhance parenting abilities and encourage the delay of subsequent pregnancies (Quint, 1991, p. 75). In their evaluation of the Hull House parenting program in Chicago, Marsh and Wirick (1991) looked at 335 program participants over a four year period. They identified certain outcome variables that appeared to make a difference to the young women. These included personal counseling, increased knowledge about family planning, and additional understanding of child development. With these supports, the percentage of young women who had never used birth control decreased from 40% to 23% (p.56). The authors also cited additional studies to support similar positive outcomes. The evidence suggested that there are specific services that are useful and effective for teenage mothers. These services emphasized health care and assistance with practical life skills. Counseling was the most important intervention in influencing young women to avoid subsequent pregnancies. Health promotion and disease prevention were noted as two topical issues to be discussed in the counseling sessions.

The goals were to "increase knowledge, help adolescents assess their motivation for behavioral change, and help them develop the skills necessary to change behavior" (Elster, A., 1992, p. 3).

The positive association between counseling and the parenting skills of teen mothers had been further documented by Crockenberg (1986). Many of the teen mothers in her study felt socially isolated with limited exposure to helpful support systems. She believed by increasing professional support the effects of social isolation would be lessened and the child care practices of the teen parent would be improved. The teens also felt they would benefit from the additional support and advice from professionals (pp.50-53).

There was overwhelming evidence that there are essential elements of services to meet the needs of teen parents. When Adams, Taylor and Pittman (1989) reviewed the literature, they summarized a range of needs as follows:

> These services include high-quality health care as well as comprehensive services in the areas of education, employment and training, parenting skills, mental health . . . .These young families also need family support systems such as cash assistance and high-quality child care that enable them to continue their education (p. 226).

In conclusion, the research reviewed in the literature supported the development of programs to ameliorate the negative consequences of premature parenthood. These programs had been effective in achieving the goals of increasing knowledge about contraception, child development, and parenting skills.

Studies indicated that the negative consequences of premature parenthood can be significantly decreased if intervention programs were developed to increase the knowledge base of the adolescent mother. The writer implemented similar interventions in the Parent Infant Care Center with the hope of increasing the positive outcomes for the program participants.

Description of Selected Solution

The review of the literature indicated that there was documentation of several solutions that were effective in ameliorating the negative consequences of premature parenthood. The writer gave careful consideration to implementing a comprehensive model of intervention that would provide several services. Some of the components were already in place in the practicum setting. The Center was already linked to existing educational programs as it was located in the high school. The Center staff provided many services such as transportation, loosely structured group discussions, and medical appointments for the babies. Consequently, the solution strategies designed for the practicum was created to supplement these services. The "new" group sessions were curriculum based, and developed to address specific issues on parenting, employability, life management, and child development. It was time limited and goal oriented. Additionally, individual counseling was used to develop a trusting relationship in an effort to build a support system for each teen mother and to reinforce the issues discussed in the group. Consequently, the case records reflected the incorporation of the practicum intervention as part of the treatment plan.

Report of Action Taken

The implementation of the program covered the three month period between March and June, 1995. Two weeks prior to implementation, its purpose and the process to be used were explained and discussed with the teen mothers. The child care center social worker and a psychology intern administered the pre-test instruments and conducted the ongoing group discussions with the teenage mothers. The writer reviewed the schedule and curriculum for the sessions, studied the group recordings for each session, met with the center staff, and participated in a number of the group sessions. She also administered the post-test.

In the beginning, the mothers were resistant to the idea of completing the instruments. Concerns about the reasons for the collection of private information were raised and resulted in lengthy discussions. Teen mothers asked pertinent questions about who would have access to the results of the completed instruments. It was necessary to give them ample time to express and ventilate their feelings about what they perceived as research projects conducted in minority communities. The young mothers were assured that their responses would be held in strictest confidence and were told they did not have to sign the instruments if they preferred to give the information anonymously.

The staff understood and acknowledged the behavior of these teen mothers as typical for young people going through the adolescent stage of development. As teen parents are adolescents, their behaviors are often conflicting and challenging.

It was necessary to address their positive and negative attitudes and use discussion to engage the teen mothers before embarking upon the implementation of the parenting skills development sessions. In order to facilitate the group process, special attention was given to reviewing the topics and objectives for each planned session. By the end of the implementation period, the teen mothers exhibited no signs of resistance to completing the post test.

Group sessions were held twice a week and were divided into two topical areas: child development and life skills issues. The first child development session centered on "Crying and Schedules." (Rothenberg, Hitchcock, Harrison & Graham, 1983) The teen mothers discussed the various reasons that babies cry and appropriate responses. They agreed that it was often difficult to be consistently motivated to respond to the baby's needs. The child care staff helped the mothers resolve questions and concerns about how to effectively manage their crying children. They also explored their new motherhood role, and its attendant feelings. The teen mothers were informed that there is a broad range of normal sleeping and eating patterns and that all babies fuss and cry.

Two sessions were devoted to the topic of nutrition because of its importance to the mental development and the physical growth of the child. Problems and issues related to feeding babies were presented by a nutritionist. She helped the teen mothers understand the nutritional needs of their infants, discussed breast and bottle feeding, and when to switch to regular milk and solid foods. This discussion was particularly important because some of the feeding patterns observed by the child care staff were especially worrisome.

For example, during a home visit of a three weeks old infant, the grandmother was feeding the baby mashed carrots mixed with the formula. She reported that she also gave the infant cereal mixed with the formula because the baby had an insatiable appetite for the formula. The child care worker explained to the grandmother and the mother that the infant's digestive system was not ready to receive solid foods and the premature feeding could cause an allergic reaction. This grandmother refused to take any advice and continued the routine. It could not be determined whether the grandmother sincerely believed this pattern of feeding was a family tradition, which was what she claimed, or if she was attempting to stretch the expensive formula. At this writing, the baby suffers badly with eczema, but grandmother claimed it to be a family trait that had no relationship to the prior feeding routine.

Promoting social-emotional development of the infant required the center staff to develop functional activities that would help the teen mothers gain an understanding of developmental milestones and changes occurring in their children. Each mother was given the opportunity to describe and discuss her experiences and responses to her baby's new behavior and emerging personality. Developmental changes in the babies, such as stranger and separation anxiety, and the teen mother's reactions to these changes were discussed. The leaders used the group discussion to demonstrate how feelings and behavior in the parent and child interact and influence each other.

The topics of infant and toddler cognitive and motor development were provided to help the mothers become aware of the overall patterns of growth.

They were taught that they cannot influence individual patterns of growth that determine when the child's body and mind will be ready to achieve these milestones. They were also coached on interacting with their child and providing a stimulating environment that utilizes play as a learning tool.

A discussion about toilet training was initiated. Several criteria were explored as a way of determining the readiness of the child to be toilet trained. One sign of readiness discussed was the ability of the child to walk, run, sit down unassisted, and quietly play for a period of time. The teen mothers learned that toilet training was not possible until the child was developmentally ready.

Limit setting and discipline generated the most lively discussion. The staff presentation emphasized the need for the mothers to create a philosophy and style of discipline that will work for each individual mother. During this series of discussions, feelings and childhood memories about how they were disciplined were explored. The relationship between these memories and beliefs about the "right" way to train and discipline a child was discussed in detail. One of the major goals of the intervention was to help the teen mothers increase their understanding and utilization of problem solving techniques that avoided corporal punishment. The topic of discipline provided an excellent opportunity to develop and practice alternative techniques among the group members. Many questions were raised as the group members presented specific accounts of problems or incidents that required limit setting. Skill building was encouraged by allowing the group members to question, lead and support one another in developing solution alternatives.

Life management topics primarily focused on three areas of skills development: family planning; effective communication; and employability skills. A nurse from Planned Parenthood provided weekly nursing care to the babies and also conducted the family planning sessions with the teen mothers. The various methods of contraception were discussed and opportunities were provided during these sessions to schedule gynecological examinations that would include an evaluation of an appropriate method for the individual.

The sessions on communication emphasized the importance of behavior modeling and non-verbal communication in the development of children. The group leader attempted to relay the message that toddlers develop an image of themselves by watching and listening what their parents say and do. Additionally, the group leader discussed the manner in which parents can promote healthy self-esteem. It was explained that self-esteem can be affected by positive or negative messages communicated through body movement and by encouragement of the child to do things for himself when he is able.

Sessions on employability skills were conducted by an employment specialist from a local community college. He discussed issues related to availability of job training programs, personal presentation skills for a job search, resume and application preparation, and school loans for higher education, etc. The participants were very enthusiastic as evidenced by their positive feedback on evaluation of his presentations.

In conclusion, the bi-weekly group sessions were informative and useful. They provided the opportunity for the teen mothers to acquire the necessary resources to make informed decisions about their personal development and their children's psycho-social needs. Also, the group sessions served as a vehicle in the development of a social network for the participants.

Chapter V

Results, Discussion and Recommendations

Results

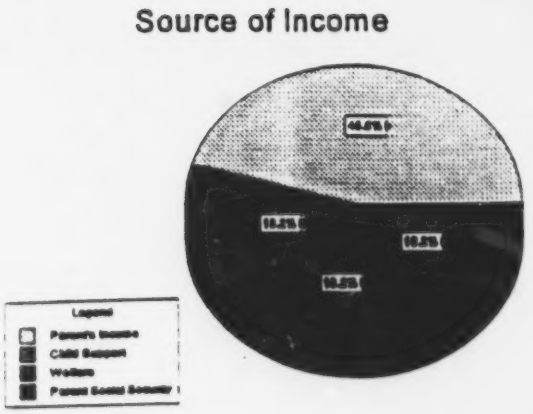
The Parent-Infant Care Center (The Center), a component of the School Based Youth Services Program, was designed to enable parenting students who needed child care support, to continue attending school with the goal of completing their high school education. The bi-weekly peer support groups were established to enhance the parenting skills of the young teen mothers in the program who often lacked the knowledge, experience, and skills to appropriately care for their infants.

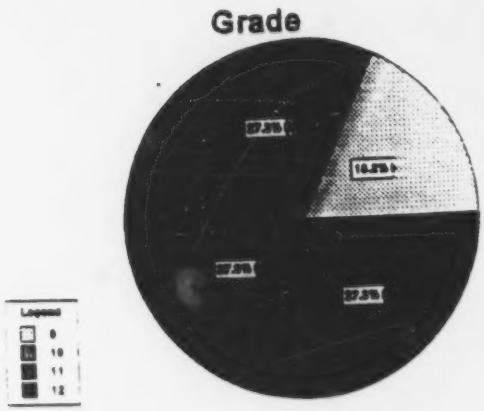
During the academic year, September, 1994 through June, 1995, seventeen teen mothers were enrolled in The Center. Eleven of the teen mothers participated in the skill development groups between March, 1995 and June, 1995. The other mothers dropped out of the program for a variety of reasons. For example, one became pregnant and was asked to leave the program, but arrangements were made for her to complete her senior year through home instruction. This young woman graduated with her class. A second one chose to drop out of the high school to attend the adult school. She was a married student who found it easier to attend evening school. A third student dropped out because of her depression. Her brother was killed near the beginning of the school year and she could not recover. A fourth young mother was expelled from the high school for possession of drugs. She was transferred to the alternate school. The others transferred to other school districts.

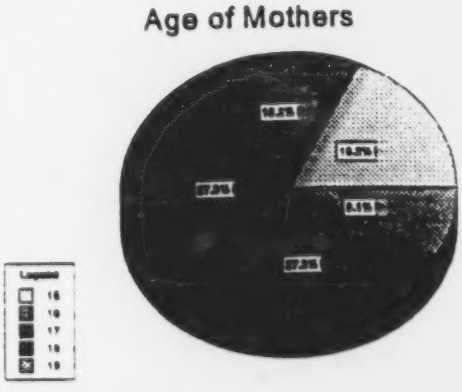
The demographic description of the eleven participants were as follows: The age of the teen mothers ranged from fourteen through eighteen years old and their grade levels were almost evenly distributed among the four high school grades; nine mothers were African-American and two were Latino; almost all of the teen mothers came from working poor backgrounds; they were either supported by their parents' income, received social security payments for deceased or disabled parents, or the baby's fathers provided support payments; three of the eleven participants received welfare payments. Figure 1 shows the demographic information.

Figure 1

Demographic Information







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The writer hypothesized that the parenting skills of teen mothers enrolled in The Center would be enhanced through instruction and relationship building. Knowledge and skill improvement in the areas of child development and community resources would be achieved if the following objectives were satisfied: Objective # 1: At the end of the three month implementation period, eight of the eleven teen mothers would have reflected an increase in their knowledge about resource availability. To reach these goals, the writer developed and utilized a Resource Questionnaire. It identified the potential needs of infants and requested that mothers indicate where they might go for service in these areas. The questionnaire was administered during the first group session and again after the three month implementation period. However, during one of the group discussions, the teen mothers expressed their belief that being aware of the availability of various health and social services providers in the community was not a problem for them. They believed access to providers to be the problem. They discussed in detail their difficulties with making appointments, reaching the appropriate person for a particular service, and the negative attitudes they experienced in their efforts. One poignant example agreed upon by several participants involved the calling of the Community Health Center. They were concerned about their inability to reach the appointment scheduling person in a timely manner. On many occasions, they were placed "on hold" for a very long time without ever reaching a person. This experience was especially frustrating because many of the teen mothers used pay telephones. The failure to connect would result in the loss of money and missed appointments.

There were three questions on the Resource Questionnaire that highlighted and reinforced the problem of accessibility to health services that was identified by Third Power Market Development Inc. and The Eagleton Poll, Rutgers University Survey (1993). The teen mothers, like the other city residents in the survey, did not access primary health services despite the plethora of health providers in the community. Following are three questions that particularly elucidate this problem:

1. Except for prenatal care, how often have you seen a doctor for your physical needs? The pretest indicated that five of the teen mothers reported that they had never seen a doctor; three did not respond; the other three reported that they had seen a doctor once a year.

2. How often have you seen a dentist? At the time of the pre-test eight of the teen mothers had never seen a dentist. One of the participants reported seeing a dentist once a year. The post-test responses on both questions reflected a significant increase in medical and dental appointments. All of the teen mothers in the program had seen a doctor at least one time during the school year and six of them had now seen a dentist.

3. Do you know the various birth control options that you could use to prevent a second pregnancy and where to get this information? The eleven participants responded Yes to both parts of the question on the pre-and post tests. However, on the post-test, the participants wrote in the blank space "Planned Parenthood" or the "Community Health Center" as their response to where to get this information.

According to the responses on the questionnaire, seven of the eleven teen mothers used the Community Health Center that provided the on-site services for the children in The Center. The remaining mothers used a HMO/Group practice type of health provider.

Objective # 2: At the end of the three month implementation period, eight of the eleven teen mothers would understand the importance of regularly scheduled appointments for their babies. To accomplish this objective, intensive and supportive strategies which modeled and reinforced helpful and appropriate behavior were implemented. These strategies addressed the immediate concerns of the new mother and the social-emotional development of the infant. As part of the overall program at The Center, scheduling of medical check-ups and follow-up appointments at the local community health center became the established procedure for all the participants in the program. This procedure was monitored through the use of a format developed by The Center staff to teach the mothers how to formulate specific questions for the doctor. It also served as a means to receive feedback from the physician. The staff helped each mother develop a set of questions related to the medical and developmental changes of her baby. As an example, one mother was concerned about diaper rash, its causes and effects, as well as bathing and formula needs for her six month old baby. All of the teen mothers brought a list of written questions to their doctors appointments and were required to return the completed form to The Center. In this way, the mothers' questions were answered and they had a written response for each concern. The secondary outcome was the ability of center staff to monitor whether medical checkups for the infants were scheduled and kept.

Objective #3: At the end of the three month implementation period, the responses by all of the teen mothers to the post-intervention survey would show evidence that they had acquired increased positive feelings about their social support system. The source and level of support are important in the continuing development of teen mothers (Trivette, Deal & Dunst, 1987). The extent to which teen mothers can rely on help from their informal social network is directly related to their ability to cope with the stresses and strains of premature parenthood. Also, they would require fewer interventions from formal sources of support. In order to assess and promote appropriate levels of family functioning, some notion of what families need for stability and growth had to be determined. Acknowledging that the term need will always reflect some level of subjectivity, for purposes of this practicum need was conceptualized in terms of resource availability and accessibility. Dunst, Trivette, & Deal (1986) have developed a framework for matching family needs with resources that promote family functioning. They identify seven family functions that require different levels of need assessment and satisfaction. They are economic, physical, vocational, recreational, educational, emotional, and cultural/social. As an example of how these authors match family functions with needs, they have defined the economic function according to the following need: "adequate amounts of money, ability to budget money wisely, funds to purchase necessities." They believe that unmet physical needs due to inadequacies in basic family resources, (nutrition, shelter, safety, health care) negatively affect health and well-being and decrease the probability that professionally prescribed, child-level interventions will be carried out by the child's caregivers.

The Family Support Scale was developed by these authors to assess and map a person 's social network and the extent to which identified needs are being met by members of the individual's support system. It measured the degree to which the social network members supported and accepted responsibility for the adolescent and her baby. Ratings were made on a five-point Likert scale ranging from "Not at all helpful" to "Extremely helpful." The teen mothers reported varying degrees of support on the Family Support Scale. Interestingly, the responses did not change over the three month period. Since signatures were not required on the forms, it could not be determined whether the responses were the same for each teen mother. However, the ratings for each category of responses were virtually the same on the pre-and post-test. The variation was not more than two points in any category.

The following types of support were considered in this assessment: Formal: This included the parents of the teen mother and father of the baby, as well as other family members. Informal: This category included friends of the mother and her current boyfriend. Social: This included church and club affiliations. Professional: This category encompasses health care agencies; school; and the day care center.

The writer analyzed the responses of the eleven teenage mothers with respect to their perception of support; where it comes from; and the extent to which the young mothers have utilized new supports since the implementation of this practicum.

The responses were broken down into three overall dimensions of support which included: "Extremely and very helpful" were listed together; "generally and sometimes helpful" were combined; and "not at all helpful" was the third dimension.

Formal: Based on the findings of the post-test, seven of the girls indicated that formal (parental) support systems were "extremely or very helpful" to them; the other four indicated that their parents were "sometimes or not at all helpful" to them. Five of the mothers reported that the baby's father was "extremely or very helpful;" and six found the baby's father "sometimes or not at all helpful."

Informal: Friends were not seen as very helpful. Only one of the teen mothers reported friends to be "very helpful." However, five mothers reported their current boyfriend to be "extremely helpful," and two mothers found other parents to be also "extremely helpful."

Social: The teen mothers perceived this level of support as not helpful. None of the teen mothers reported the church to be a support. In fact, in one of the group discussions, several of the girls indicated that they felt scorned by the church. Those who had been church goers before they became pregnant stated that they no longer attended. Parent groups appeared to be "most helpful" to the teen mothers. Eight of the teen mothers reported the groups to be "extremely or very helpful." Five of the young women believed social groups/clubs to be "extremely or very helpful."

Professional: This level of support had the highest ratings. The school/day care center was the only item where there were no "not at all or sometimes helpful" responses.

Nine of the teen mothers responded extremely helpful; the other two responded generally helpful. The physician item received six extremely or very helpful responses. The scores indicated that The Center teen mothers received increased support from professional helpers as part of the program. This variable was identified by researchers as crucial in the further psychosocial development of teen mothers. (Crokenberg, 1986) Table 1 shows the ratings of the teen mothers in the categories of responses:

Table 1
Ratings of Teen Mothers:
Formal Category of Support

	Dimensions		
	Extremely and very helpful	Generally and sometimes helpful	Not at all helpful
	1	2	3
1. Your parents	7	0	4
2. The parents of the baby's father	2	1	8
3. Your brothers/sisters	4	4	3
4. The father's brothers/sisters.....	0	4	7
5. The baby's father	5	2	4
Informal Category of Support			
6. Your friends	1	8	2
7. The baby's father's friends	0	3	8
8. Your current boyfriend	5	0	6
9. Other parents	2	4	5
Social Category of Support			
10. Church	0	1	10
11. Social groups/clubs	5	3	3
12. Co-workers	0	1	10
13. Parent groups	8	2	1
Professional Category of Support			
14. My family physician or child's physician	6	2	3
15. Professional helpers ..... (social workers, therapists, teachers, etc)	3	3	5
16. School/day care center ...	9	2	0
17. Professional agencies ..... (public health, social services, mental health, etc.)	2	2	7

Objective # 4: At the end of the three month implementation period, nine of the eleven mothers would demonstrate that they had a better understanding of the rudiments of child development. The Adult Adolescent Parenting Inventory (Bavolek, 1984) was utilized to measure change in the teen mothers knowledge and inappropriate expectations in the areas of child development. This instrument addressed four areas that are important in the improvement of parenting skills and the healthy development of the child: Inappropriate expectations within the context of child development; empathy toward child's needs; use of corporal punishment; and parents' need to have their children make them happy or "role reversal". The author describes his classifications in the following manner.

Child development: inappropriate expectations of children:

> High scores (7-10) indicate a realistic understanding of the developmental capabilities of children, as well as a general acceptance of developmental limitations. Caregivers who have appropriate expectations of children's capabilities tend to encourage self growth and environmental exploration in children. Low (1-4) scores indicate a general lack of understanding of children's developmental capabilities.

The second classification, inability to be empathically aware of the child's needs:

> High scores (7-10) indicate the individual is sensitive to the needs of children and places those needs in high regard. Children and their needs are not looked down upon, but rather are valued. Low scores (1-4) indicate low empathic awareness of their children's needs.
>
> Non-empathic caregivers find hitting a child much easier than listening to or talking to the child.

The third classification construct, the belief in the value of corporal punishment:

> High scores (7-10) indicate the caregiver values the well-being and self-concept of the child and utilizes alternative, non-abusive means of punishment and discipline. Low scores (1-4) indicate there is a belief that hitting is the only way children learn to obey rules and stay out of trouble. In families where hitting children is the common practice, communication among family members is usually limited, family rules are not established.

The fourth construct, role reversal or the belief that children should make parents happy:

> High scores (7-10) indicate a clear understanding of the role of 'parent' and 'child' is apparent. Caregivers find their peers more appropriate for helping them meet their social, physical, emotional, and sexual needs. Children are permitted to 'be children' rather than pseudo caregivers. Low scores (1-4) indicate that children are perceived as objects for adult gratification. In essence, children exist to meet the needs of their caregivers. (pp. 50-52)

The teen mothers scores were generally within normal limits in both pre- and post-tests. Table 2 shows that there was only a variance of one or two points in any given sub-test. In fact, one mother's scores were exactly the same on both pre-and post- tests.

Table 2

AAPI Pre and Post Tests Results

	PRE				POST			
Constructs	1	2	3	4	1	2	3	4
AStudent	5	6	7	7	4	7	5	7
BStudent	6	7	7	10	7	7	8	10
CStudent	7	7	10	9	7	7	10	9
DStudent	6	9	9	10	7	9	10	10
EStudent	4	9	7	10	7	7	7	10
FStudent	8	9	8	10	7	9	9	10
GStudent	4	7	5	9	4	8	7	9
HStudent	5	5	7	9	6	4	10	8
I Student	3	9	10	10	7	9	8	10
J Student	5	4	7	3	5	9	9	10
KStudent	4	9	8	9	7	9	9	10
TOTALS	57	81	85	98	68	85	92	103

Analysis of the results of the post-test of the inappropriate expectations construct of the Adult-Adolescent Parenting Inventory (AAPI) indicate that half of the teen mothers scored within the average to above average range. The other half of the group continued to have unrealistic expectations with respect to their babies. The writer would conclude that the teen mothers who had been in the program for at least a year tended to perform better on the post-test. The older mothers (graduating seniors) also appeared to understand the developmental issues more clearly than the younger teenagers in the group.

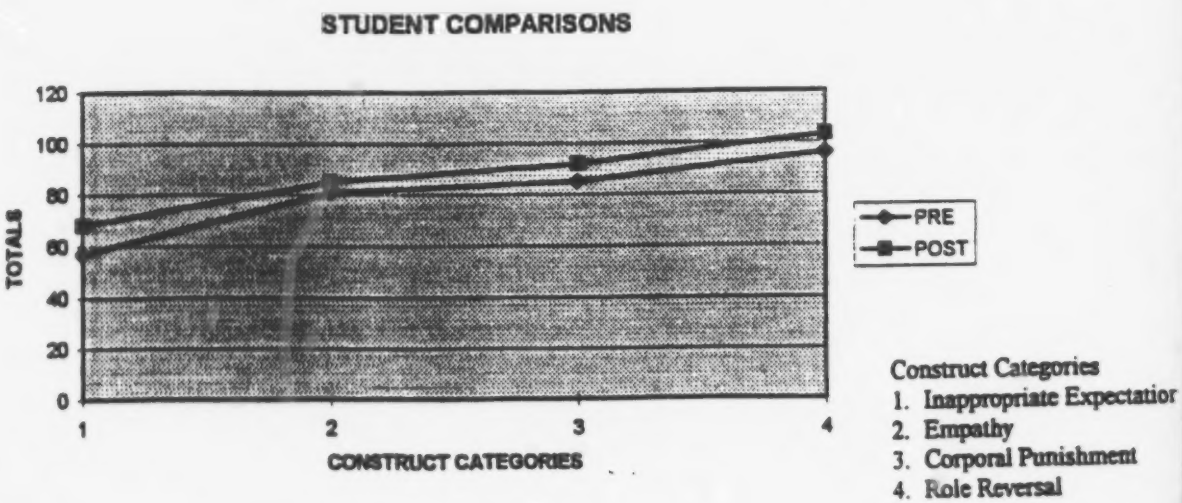
Empathy was generally consistent in the pre-and post-test. Ten of the eleven mothers scored in the high end with respect to sensitivity to the needs of their children. Only one young mother portrayed a low empathic awareness in both pre- and post-tests.

According to the responses on the instrument, the teen mothers indicated that they do not believe in the use of corporal punishment However, discussion in the parenting groups reflected a different set of standards. The writer believes that as the babies began to reach toddler age and the children became more difficult to manage, some of the teen mothers felt they could justify the use of spanking as a means to discipline them.

Finally, on the construct which measured role reversal, all of the teen mothers except one exemplified a strong understanding of parent and child roles. The pre-and post-tests were quite consistent in this category. The teen mothers appeared to be open to learning new information about parenting skills. (See the following Figure 2 for pre-and post-tests comparisons)

FIGURE # 2

ADULT-ADOLESCENT PARENTING INVENTORY (AAPI)



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Discussion

The skill-based support interventions in this practicum was based on several outcome variables documented in the research. Marsh & Wirick (1991) identified these variables as personal counseling, increased knowledge about family planning, and an understanding of child development. The personal counseling, both individual and group, provided by The Center staff increased the teen mothers exposure to helpful support systems. Crockenberg (1986) believed, and the writer concurred, that by increasing professional support, the effects of social isolation would be lessened and the child care practices of the teen mother would be improved.

The participants in the program placed high value on their experience in The Center. The school/day care center item on the Family Support Scale received the highest ratings, and the parent group was rated second highest. Through the supportive efforts of the staff, all of the teen mothers enrolled in the program complied with the requirement of participating in the bi-weekly group sessions. They regularly scheduled medical appointments for themselves and their children and showed evidence that they understood the importance of continuing to do so.

Even though the interventions increased knowledge and promoted positive growth in the teen mothers, it is this writer's belief that the three month intervention was not a sufficient period of time to really see change in attitude and behavior. The teen mothers were receptive to increased knowledge, but would need continued reinforcement over a longer period of time to change many of their behaviors with their children.

The Center staff provided consistent modeling which allowed the young mothers to use their new knowledge on a daily basis. As an example, the mothers were taught how to elicit information from health care professionals. This allowed them to advocate for their children and also provided a crucial learning experience.

In addition to insufficient time, there were other pitfalls with the implementation and assessment of the intervention:

1. The teen mothers' resistance to assessment: The implementation was delayed because some were unwilling to complete the pre-test instruments. The resistance had to be processed within the group before the instruments could be completed and the program begun.

2. Distorted responses in order to make a desired impression: It was clear that some of the responses about discipline on the AAPI were distorted. The group discussions reflected more accurate beliefs about corporal punishment as an acceptable form of discipline.

3. The group sessions: This intervention was not sufficient to meet the psycho-social needs of many of the teen mothers. In addition to group, individual and family sessions were conducted. Additionally, one of the young mothers required a multi-agency approach to her problems.

Recommendations:

The following recommendations will help program planners to implement interventions intended to support positive outcomes for teen mothers:

1. Parenting skills training and reinforcement should be a strong component of any teen parent child care program.

2. Building a network of social support among the teen mother participants should be encouraged and facilitated by staff.

3. Teaching parenting skills to teen mothers is an investment well worth the time and resources of an agency in order to affect positive outcomes for children.

4. Knowledge about the existence of resources is not sufficient; education and hands-on experience in accessing resources is very important.

5. A teen mothers program should be prepared to provide mental health counselors for individual and family support to deal with the multiplicity of environmental problems that many teen mothers experience.

Dissemination

The collaborative partners, who have been very active in developing resources to maintain The Center, have demonstrated their interest and support in the results of the this practicum by purchasing two of the instruments for the writer. One of the partners is especially interested because they are in the process of developing several on-site infant and child care centers in other parts of the state. They want to replicate the curriculum of the group sessions in those new sites. They will use the same instruments to assess the pre-and post- intervention results.

The writer is scheduled to present excerpts from the practicum to the State Teacher's Association Conference in the Fall of 1995. She will be promoting on-site comprehensive services in the schools that address various at risk factors. It is hoped that interest and support will be generated for the development of school based services across the State in the various school districts.

The practicum experience demonstrated that teen mothers can successfully complete their high school education if given the support and direction to grow and develop their new role of student-parent.

Additionally, the writer will submit for publication an article on the implications of the results of this practicum. In the present financially restrictive political environment it is important to promote solutions that are sound and have long term benefits for children. Work that supports positive outcomes such as graduation, employment, healthy children, etc. have to be voiced repeatedly in order to counteract the constant barrage of negative press we hear about teen motherhood.

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